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CONFIRMATION NO. 3469

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10/603,794	06/25/2003	427	1792	50623.221
RULE				

APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 10/108,004 03/27/2002
and is a CIP of 10/304,360 11/25/2002 ABN
which is a DIV of 09/751,691 12/28/2000 PAT 6,503,556

This application 10/603,794 06/25/2003
is a CIP of 09/750,595 12/28/2000 PAT 6,790,228
which is a CIP of 09/470,559 12/23/1999 PAT 6,713,119
which is a CIP of 09/390,855 09/03/1999 PAT 6,287,628
and is a CIP of 09/390,069 09/03/1999 PAT 6,379,381
and said 09/750,595 12/28/2000
is a CIP of 09/715,510 11/17/2000 PAT 6,749,626
which is a CIP of 09/540,241 03/31/2000 ABN

**** FOREIGN APPLICATIONS *******

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

09/11/2003

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	Sheets Drawings	Total Claims	Independent Claims
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Verified and	/CACHET I SELLMAN/ _____ Acknowledged	<u>Initials</u>	CA	6	82	10
Examiner's Signature						

ADDRESS

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TITLE

Thermal treatment of a drug eluting implantable medical device

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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RECEIVED 2584	No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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